



# Nashville UMC

## KidSpace Camp

### 2020 Application

Name of camper: \_\_\_\_\_  
 (Last) (First) (MI) (Name Called By)

Birth Date: \_\_\_\_\_ Age \_\_\_\_\_ Grade completed in 2019: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Camper t-shirt size YXS YS YM YL YXL List selection here:

**Please circle your child's priority for enrollment:**

Church member

Previously Enrolled

Currently Unaffiliated

**Indicate week(s) your child will be attending and whether they will attend Full Day or Mini Camp**

<b>Week 1:</b> June 1-5	Full Day	Mini Camp
<b>Week 2:</b> June 8-12	Full Day	Mini Camp
<b>Week 3:</b> June 15-19	Full Day	Mini Camp
<b>Week 4:</b> June 22-26	Full Day	Mini Camp
(Closed June 29-July 3	closed	closed
<b>Week 5:</b> July 6-10	Full Day	Mini Camp
<b>Week 6:</b> July 13-17	Full Day	Mini Camp
<b>Week 7:</b> July 20-24	Full Day	Mini Camp
<b>Week 8:</b> July 27-31	Full Day	Mini Camp
<b>Week 9:</b> Aug 3-7	Full Day	Mini Camp
<b>Week 10:</b> Aug 10-14	Full Day	Mini Camp

**INFORMATION ABOUT THE FAMILY:**

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Vehicle (Year, Make, Model, & Color): \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Vehicle (Year, Make, Model, & Color): \_\_\_\_\_

Names and ages of siblings/others living in home \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**INFORMATION ABOUT YOUR CHILD:**

Does your child have any known allergies? No \_\_\_ Yes \_\_\_ \* If yes, please explain \_\_\_\_\_

\*(Use back of form if needed)

Please give any information concerning your child which will be helpful for staff to know (such as fears, likes or dislikes, any special needs). If there are custody issues with a child, a meeting should be set up with the legal guardian of the child and the KidSpace Director.

**EMERGENCY CARE INFORMATION:**

Name of child's doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Name of child's dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_ Phone \_\_\_\_\_

In case of sickness or accident, if neither father nor mother (or guardian) can be contacted, call:

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Relationship \_\_\_\_\_

(These emergency contacts should be local residents because they may be asked to pick up a sick child.)

**Pick-up Information (People Authorized to pick-up child from school)**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Vehicle (Year, Make, Model, & Color): \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Vehicle (Year, Make, Model, & Color): \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Vehicle (Year, Make, Model, & Color): \_\_\_\_\_

Parent or Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Submitting this application does not necessarily mean your child will be enrolled in the NUMC KidSpace Summer Camp. If your child is admitted, you will receive an email as to the status of your application.

*Office Use Only* Received on: \_\_\_\_\_ Initial: \_\_\_\_\_